

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42713

State File No.

JAN 16 1942
Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 160

1. PLACE OF DEATH

(a) County Phelps
(b) City or town Rolla, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Helic McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 13 days

3. (a) PRINT FULL NAME

Robt DUNCAN Ballard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)
7. Birth date of deceased Nov. 23 1941

8. AGE: Years Months Days If less than one day
13 hr. min.

9. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name WM BALLARD
13. Birthplace BAXTER SPRINGS, MO (City, town, or county) (State or foreign country)
14. Maiden name THELMA DUNCAN
15. Birthplace NEWBURG, MO (City, town, or county) (State or foreign country)

16. (a) Informant WM BALLARD
(b) Address Rolla, Mo

17. (a) BURIAL (b) Date thereof DEC 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs, Mo

18. (a) Signature of funeral director Mrs Harry McLean

(b) Address Rolla, Mo

19. (a) 12-6-41 (b) Jos. F. Ryan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 567 Salem Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th, year 1941 hour 8:25 minute 9 A.M.

21. I hereby certify that I attended the deceased from Dec. 23, 1941 to Dec. 5, 1941, that I last saw him alive on Dec. 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 119a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature RE Greiner (M. D. or other) M.D.

Address Newburg, Mo. Date signed Dec 6 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.